

Date Received: <input type="text"/> - <input type="text"/> - <input type="text"/> (M/D/Y) Reviewed By: <input type="text"/>	- Affix label here- Clinical Center/ID: _____ First Name _____ M.I. _____ Last Name _____
Contact Type: <input type="checkbox"/> ₁ Phone <input type="checkbox"/> ₂ Mail <input type="checkbox"/> ₃ Visit <input type="checkbox"/> ₈ Other	Visit Type: <input type="checkbox"/> ₁ Screening # <input type="text"/> <input type="checkbox"/> ₂ Semi-Annual # <input type="text"/> <input type="checkbox"/> ₃ Annual # <input type="text"/> <input type="checkbox"/> ₄ Non-Routine
OFFICE USE ONLY	

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The first set of questions asks about your birth and when you were a baby.

1. When you were born, about how much did you weigh? (Give your best guess.)

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Less than
6 pounds | 6 pounds to
7 pounds, 15
ounces | 8 pounds to
9 pounds, 15
ounces | 10 or more
pounds | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |

2. When you were born, were you:

- | | | |
|---|---------------------------------------|---------------------------------------|
| Full term
(pregnancy lasted
about 9 months) | 4 or more
weeks
premature | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₉ |

3. When you were born, were you a twin or triplet?

- ₀ No ₁ Yes

4. When you were a baby, did your mother breast feed you?

- ₀ No ₁ Yes ₉ Don't know

The next set of questions ask about your coffee and tea drinking habits.

5. Do you usually drink coffee each day?

₀ No ₁ Yes
 ↓

5.1.	How many cups of regular coffee (not decaf) do you usually drink each day? (Count tall [12 oz. or more] cups and espresso drinks made with double shots of espresso as 2 cups.)												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">None</td> <td style="width: 20%;">1 cup</td> <td style="width: 20%;">2-3 cups</td> <td style="width: 20%;">4-5 cups</td> <td style="width: 20%;">6 or more cups</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>₀</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> <td style="text-align: center;"><input type="checkbox"/>₃</td> <td style="text-align: center;"><input type="checkbox"/>₄</td> </tr> </table>	None	1 cup	2-3 cups	4-5 cups	6 or more cups	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄		
None	1 cup	2-3 cups	4-5 cups	6 or more cups									
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄									
5.2.	How many cups of decaf coffee do you usually drink each day? (Count tall [12 oz. or more] cups and espresso drinks made with double shots of espresso as 2 cups.)												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">None</td> <td style="width: 20%;">1 cup</td> <td style="width: 20%;">2-3 cups</td> <td style="width: 20%;">4-5 cups</td> <td style="width: 20%;">6 or more cups</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>₀</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> <td style="text-align: center;"><input type="checkbox"/>₃</td> <td style="text-align: center;"><input type="checkbox"/>₄</td> </tr> </table>	None	1 cup	2-3 cups	4-5 cups	6 or more cups	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄		
None	1 cup	2-3 cups	4-5 cups	6 or more cups									
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄									
5.3.	How is the coffee usually made? (Mark one or two.)												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Drip</td> <td style="width: 16.6%;">Espresso</td> <td style="width: 16.6%;">Instant</td> <td style="width: 16.6%;">Boiled</td> <td style="width: 16.6%;">Percolated</td> <td style="width: 16.6%;">French Press</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> <td style="text-align: center;"><input type="checkbox"/>₃</td> <td style="text-align: center;"><input type="checkbox"/>₄</td> <td style="text-align: center;"><input type="checkbox"/>₅</td> <td style="text-align: center;"><input type="checkbox"/>₆</td> </tr> </table>	Drip	Espresso	Instant	Boiled	Percolated	French Press	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Drip	Espresso	Instant	Boiled	Percolated	French Press								
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆								



6. Do you usually drink tea each day? **(Do not include decaf or herbal tea.)**

₀ No ₁ Yes
 ↓

6.1.	How many cups of tea do you usually drink each day? (Do not include decaf or herbal tea.)								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 cup</td> <td style="width: 25%;">2-3 cups</td> <td style="width: 25%;">4-5 cups</td> <td style="width: 25%;">6 or more cups</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> <td style="text-align: center;"><input type="checkbox"/>₃</td> <td style="text-align: center;"><input type="checkbox"/>₄</td> </tr> </table>	1 cup	2-3 cups	4-5 cups	6 or more cups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
1 cup	2-3 cups	4-5 cups	6 or more cups						
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄						



Go to the next page.

The next set of questions ask about your alcohol drinking habits. For the questions below, one drink of alcohol is equal to one can of beer, one glass of wine, or one shot of liquor (whiskey, brandy or gin).

7. During your entire life, have you had 12 drinks or more of any kind of alcoholic drink?

₀ No ₁ Yes
 ↓

7.1.	When you were between <u>14 and 17 years old</u> , how many <u>drinks</u> of alcohol did you usually have?					
	None or less than 1 each <u>month</u>	1-3 each <u>month</u>	1-2 each <u>week</u>	3-6 each <u>week</u>	1-2 each <u>day</u>	3 or more each <u>day</u>
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7.2.	When you were between <u>18 and 22 years old</u> , how many <u>drinks</u> of alcohol did you usually have?					
	None or less than 1 each <u>month</u>	1-3 each <u>month</u>	1-2 each <u>week</u>	3-6 each <u>week</u>	1-2 each <u>day</u>	3 or more each <u>day</u>
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7.3.	When you were between <u>23 and 29 years old</u> , how many <u>drinks</u> of alcohol did you usually have?					
	None or less than 1 each <u>month</u>	1-3 each <u>month</u>	1-2 each <u>week</u>	3-6 each <u>week</u>	1-2 each <u>day</u>	3 or more each <u>day</u>
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7.4.	When you were between <u>30 and 49 years old</u> , how many <u>drinks</u> of alcohol did you usually have?					
	None or less than 1 each <u>month</u>	1-3 each <u>month</u>	1-2 each <u>week</u>	3-6 each <u>week</u>	1-2 each <u>day</u>	3 or more each <u>day</u>
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7.5.	When you were about <u>50 years old</u> , how many <u>drinks</u> of alcohol did you usually have?					
	None or less than 1 each <u>month</u>	1-3 each <u>month</u>	1-2 each <u>week</u>	3-6 each <u>week</u>	1-2 each <u>day</u>	3 or more each <u>day</u>
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

↓
Go to the next page.

10. Have you ever worked in a space where people smoked cigarettes?

₀ No ₁ Yes
 ↓

10.1. How many total years have you worked in a space where people smoked cigarettes?

Less than 1 year	1-4 years	5-9 years	10-19 years	20-29 years	30-39 years	40 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

10.2. Do you now work in a space where people smoke?

₀ No ₁ Yes



The next set of questions is about breast exams and breast disease.

11. Have you ever done a breast self-examination (a breast exam on yourself)?

₀ No ₁ Yes
 ↓

11.1. How many times have you done a breast self-exam in the last 12 months?

None	1-5 times	6-10 times	11 or more times
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



12. Have you ever had a breast physical exam done by a doctor, nurse, or physician assistant?

₀ No ₁ Yes
 ↓

12.1. How many of these exams have you had in the last 5 years?

None	1 exam	2 exams	3 exams	4 exams	5 or more exams
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

12.2. How long ago did you last have a breast exam by a doctor, nurse, or physician assistant?

Less than 1 year ago	1 year ago	2 years ago	3 years ago	4 years ago	5 or more years ago
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



Go to the next page.

13. Has a doctor ever told you that you had benign breast disease or fibrocystic disease in your breasts?

₀ No ₁ Yes

14. Have you had a mammogram (x-ray of the breast to look for cancer or other breast problems) in the last 5 years?

₀ No ₁ Yes



14.1. How many mammograms have you had in the last 5 years?				
1	2	3	4	5 or more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



The next set of questions are about the use of powders (talc, baby powder, deodorant powder).

15. Have you ever used powder on your private parts (genital areas)?

₀ No ₁ Yes



15.1. For how many years?				
Less than 1 year	1-4 years	5-9 years	10-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



16. Did you ever use a diaphragm (a birth control device that fits over the opening of your womb)?

₀ No ₁ Yes



16.1. Did you <u>ever</u> use powder on your diaphragm?				
<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			
↓				
16.2. For how many years did you use powder on your diaphragm?				
Less than 1 year	1-4 years	5-9 years	10-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



Go to the next page.

17. Did you ever use powder on a sanitary napkin or pad?

₀ No ₁ Yes
 ↓

17.1. For how many years?

Less than 1 year	1-4 years	5-9 years	10-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



The next set of questions ask about your use of electric blankets.

18. Have you ever used an electric blanket, electric mattress pad, or heated water bed on at least half the days in any one month period?

₀ No ₁ Yes
 ↓

18.1. How many years total did you use an electric blanket, electric mattress pad, or heated water bed?

Less than 1 year	1-4 years	5-9 years	10-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

18.2. In those years, how many months per year did you use an electric blanket, electric mattress pad, or heated water bed on at least half the days of the month?

Less than 1 month per year	1-3 months per year	4-6 months per year	7-9 months per year	10-12 months per year
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

18.3. When you used the electric blanket, electric mattress pad, or heated water bed, did you leave it turned on most of the time while you were sleeping, or did you use it only to warm the bed before you went to sleep?

₁ On most of the time ₂ Warm the bed only

18.4. Have you used an electric blanket, electric mattress pad, or heated water bed during the past year?

₀ No ₁ Yes



Go to the next page.

Religion

19. What is your religion?

- | | |
|--|--|
| <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₇ Adventist |
| <input type="checkbox"/> ₁ Catholic | <input type="checkbox"/> ₈ Mormon/Latter Day Saints |
| <input type="checkbox"/> ₂ Baptist | <input type="checkbox"/> ₉ Other Christian |
| <input type="checkbox"/> ₃ Episcopalian or Anglican | <input type="checkbox"/> ₁₀ Jewish |
| <input type="checkbox"/> ₄ Lutheran | <input type="checkbox"/> ₁₁ Eastern (Buddhist, Hindu) |
| <input type="checkbox"/> ₅ Methodist | <input type="checkbox"/> ₁₂ Muslim |
| <input type="checkbox"/> ₆ Presbyterian | <input type="checkbox"/> ₈₈ Other |

The next set of questions ask about some of your usual activities.

20. About how many hours each week do you usually spend doing heavy (strenuous) indoor household chores such as scrubbing floors, sweeping, or vacuuming?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Less than
1 hour | 1-3
hours | 4-6
hours | 7-9
hours | 10 or more
hours |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

21. About how many months during the year do you usually do things in the yard, such as mowing, raking, gardening, or shoveling snow?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Less than
1 month | 1-3
months | 4-6
months | 7-9
months | 10 or more
months |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |



21.1. When you do these things in the yard, how many hours each week do you do them?

Less than 1 hour	1-3 hours	4-6 hours	7-9 hours	10 or more hours
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

22. During a usual day and night, about how many hours do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking.

- | | | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Less than
4 hours | 4-5
hours | 6-7
hours | 8-9
hours | 10-11
hours | 12-13
hours | 14-15
hours | 16 or more
hours |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ |

23. During a usual day and night, about how many hours do you spend sleeping or lying down with your feet up? Be sure to include the time you spend sleeping or trying to sleep at night, resting or napping, and lying down watching TV.

Less than 4 hours	4-5 hours	6-7 hours	8-9 hours	10-11 hours	12-13 hours	14-15 hours	16 or more hours
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

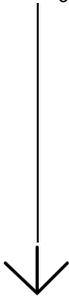
The next set of questions asks about work and jobs you have had.

24. Did you ever live or work on a farm?

₀ No ₁ Yes

↓

24.1. For how many years?				
Less than 5 years	5-9 years	10-14 years	15-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

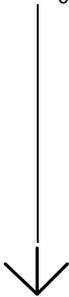


25. Did you ever work for one year or more as a hairdresser, beautician, or cosmetologist where you worked with hair dyes?

₀ No ₁ Yes

↓

25.1. For how many years?				
1-5 years	5-9 years	10-14 years	15-19 years	20 or more years
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



Go to the next page.

32. How old were you when you were at your maximum adult weight? (Mark all that apply.)

18-29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old or older
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

33. What was your minimum adult weight (the least you ever weighed since you were 18 years old)?

pounds

34. How old were you when you were at your minimum adult weight? (Mark all that apply.)

18-29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old or older
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Weight Loss

35. Within the last 20 years, when you were not pregnant or sick, did you ever lose 10 pounds or more on purpose?

₀ No ₁ Yes
↓

35.1. How many times did you lose 50 pounds or more?

None	1-2 times	3-4 times	5-6 times	7 or more times
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

35.2. How many times did you lose at least 20 pounds, but not more than 49 pounds?

None	1-2 times	3-4 times	5-6 times	7 or more times
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

35.3. How many times did you lose at least 10 pounds, but not more than 19 pounds?

None	1-2 times	3-4 times	5-6 times	7 or more times
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



36. How long have you been within 10 pounds of your current weight (do not count times when you were pregnant or sick)?

years

The next set of questions asks about places you have lived.

37. How many years have you lived in the state you **now live in**?

Less than
5 years

₁

5-9
years

₂

10-19
years

₃

20 years
or more

₄

**If in the U.S.,
which state?**

or

**If not in the U.S.,
which country?**

38. Where were you born?

39. Where did you live at age 15?

40. Where did you live at age 35?

41. Where did you live at age 50?

42. In what state or country have you lived the longest?

43. What is the date you finished answering this form?

 - -
month day year

Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:

OFFICE USE ONLY	
Form Administration	
<input type="checkbox"/> ₁	Self
<input type="checkbox"/> ₂	Group
<input type="checkbox"/> ₃	Interview
<input type="checkbox"/> ₄	Assistance